STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED		
		HAL035022		B. WING		07/0	)8/ <b>2016</b>
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AUTUMN WIND ASSISTED LIVING OF LOUISBI 361 LEONARD ROAD LOUISBURG, NC 27549							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	0 Initial Comments			C 000			
	Report of a Complaint Investigation by Billy S. Braynt and Bob Getchell conducted on 07/08/2016.						
	05/13/1968. The fac 60 Beds. Therefore conformance with the 2005 Rules for Lice Seven or More Bed the 1967 Edition of Code(s), Institutional Rules for Licensing	is facility was first licer cility is currently license the facility was survey he applicable portions ensing of Adult Care Hos and applicable portions the North Carolina Builal Occupancy and the of Adult Care Homes is in effect at the time of	ed for ved for of the omes of ons of lding 1971				
	bug infestation and of 78%.	ged the the facility has a snaitaion insdpectio	n grade				
	The complaint was were cited.	susbtantiated and defi	ciencies				
C 153	Exit Door Locks-Sir	ngle Hand Motion		C 153			
	exits are: (3) All exit door loc		able, by				
	This Rule is not me 1. Based on observ	et as evidenced by: ration the facility does i	not have				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
				С		
		HAL035022	B. WING		07/0	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AUTUMN	N WIND ASSISTED LIV	VING OF LOUISBL	IARD ROAD RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 153	Continued From pa	ige 1	C 153			
		were easily operable, and that can be operated by a				
	the facility required mechanism be turn handle and then the	2016: rs, including the exit doors of that a push button lock led to unlock a lever type door le lever handle be turned to h bolt in order to open the door.				
	<ul> <li>b. 100 Hall - The exit door at the end of the hall when fully closed binds on the door frame making it difficult to open using a normal effort.</li> <li>c. 200 Hall - The exit door at the smoking porch has loose hinges and when fully closed binds on the door frame making it difficult to open using a normal effort.</li> </ul>					
C 160	C 160 Outside Premises-Clean, Safe		C 160			
	(1) The outside gro					
	Based on observe sanitation inspection facility is not being due to exterior wall	et as evidenced by: vation and review of a n report the the exterior of the maintained in a safe manner s and soffits in need of repair.				
	Finding on 07/08/20	016: in the exterior walls of the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 C B. WING \_ HAL035022 07/08/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **361 LEONARD ROAD AUTUMN WIND ASSISTED LIVING OF LOUISB** LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 160 Continued From page 2 C 160 building that can allow insects and vermin to enter the facility. C 165 Housekeeping and Furnishings-Sanitation Grade C 165 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on a review of an inspection report from the North Carolina Division of Environmental Health the facility failed to meet the sanitation standard required. Finding on 07/08/2016: a. A sanitation inspection dated 06/22/2016 reported a sanitation score of 78. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
			A. BOLDING. VI		С	
		HAL035022	B. WING		07/08/2016	
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C 166	Continued From pa	ige 3	C 166			
	facilities.					
	review of treatment resident rooms the	et as evidenced by: ews with the provider and a reports and observations of facility is not being maintained due to an infestation of bed				
	Findings on 07/08/2 a. There were a larg in room #326.	2016: ge amount of dead bed bugs				
	b. Room #330 has been treated for bed bugs, the resident has been relocated and furnishing removed from the room.					
	2. Based on observation the facility is not being maintained free from hazards as evidenced by improper handling and storage of soiled clothing and linens.					
		2016: ere stored on top of a spare and immediatley adjacent to				
	trash cans with ope	being stored in large plastic en lids in the a common adjacent to the laundry.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plu					

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C 189	operating condition. (k) This Rule shall facilities with the ex which shall not apple.  This Rule is not med 1. Based on observing was not in correct of evidenced by mechas required.  Findings on 07/08/2 a. An exterior walk-of being repaired.	apply to new and exiception of Paragraphly to existing facilities et as evidenced by: ation mechanical equerating condition as anical equipment not	uipment st cooling process g taken	C 189					
C 194	resident bedroom a shall be provided w main center corrido degrees C). (k) This Rule shall facilities with the ex which shall not apple.  This Rule is not me Based on observation by the surveyor their	or at least one fan p nd living and dining a hen the temperature r exceeds 80 degree apply to new and exi ception of Paragraph ly to existing facilities	areas in the is F (26.7 sting n (e) i.	C 194					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> (X3) I		(X3) DATE COMPI	3) DATE SURVEY COMPLETED		
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C 194	Findings on 07/08/2 a. A HVAC coil was air handling unit. Te	2016: not cooling air supplied by the emperature measurements he center corridor temperature	C 194					
1								

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